





DAVID CHEEVER

—Photo by Robert S. Harmell, '39.

## Harvard Medical Alumni Fund

*By David Cheever, '01*

When the editor of the BULLETIN, knowing that the writer had been Secretary of our Association from 1904 to 1911, asked him to write a brief account of the Harvard Medical Alumni Fund, it appeared to be a very easy assignment, requiring only a perusal of the records and publications of the Association and an appeal to the memory for any supplementary facts. But, alas, doctors are traditionally poor accountants and keepers of records, other than those of a professional nature. So many gaps exist in the recorded history of the Association that a connected account is quite impossible to formulate. Here are some facts, however, with such comment as may make the story readable.

It is amply evident that the Association was founded in 1891 by Dr. James R. Chadwick, '71, and his associates, with the object of keeping the Alumni interested in the School and of giving them an opportunity to be of practical help. With this end in view annual dinners were held, committees were appointed to inspect and report on the condition of the Medical School, and support was tendered to it in various ways. Membership in the Association was, of course, open to all Alumni, who were repeatedly exhorted to join; and annual dues of \$1 were established. In spite of every effort on the part of the Officers not more than about one-third of the Alumni joined the Association; and the remainder, necessarily non-members, continued to be out of touch with the School. Naturally, the funds thus raised were scarcely sufficient to pay the modest expenses of maintaining an organization and publishing a Bulletin and Triennial Cata-

logue. Nevertheless from an early period the plan to provide some actual financial support for the School was constantly kept in mind. At the Annual Dinner in June, 1896, the report of the Committee to Visit the Medical School, stated that: "The Alumni might well consider whether they cannot aid in providing a substantial income for the School; certainly this Association should encourage the formation of class funds \* \* \* the income of which should be spent in furthering some project for the good of the School and the entire amount eventually turned over for any general purpose or used for the endowment of professorships." At the next Annual Meeting in June, 1897, the President, Dr. George B. Shattuck, '69 stated that: "The Council has had under consideration several plans for the employment of surplus funds \* \* \* the support of an Alumni Association Scholarship being one." Such of the Treasurer's reports for this period as are available show that a life membership fund, accumulated by the payment of \$20 for a life membership, was kept intact and separate from the current accounts, and at the Annual Meeting in June of 1900, the President, Dr. David W. Cheever, '58 stated that: "We hope to have the life membership fund accumulate until we can get by-and-by sufficient money to make some important endowment." The actual undertaking by the Association for the benefit of the School at this time appears to have been the securing of annual courses of lectures at the School by distinguished visitors, to whom a substantial honorarium was given.

The formulation of a carefully organized plan to aid the School may be traced

to the year 1906 and to the tremendous material expansion incidental to the removal of the School from its quarters on Boylston Street to the present site on Longwood Avenue. At meetings of the Council of the Association, it was debated: "Whether it might not be possible to interest the body of the Alumni in a matter which seemed of real and vital importance;—i.e. the expansion to its ideal development of the system of individual instruction which of necessity requires the employment of a large number of enthusiastic, hard-working young teachers ready to devote most of their time to the work," and a Committee was appointed consisting of the President, Dr. Alfred Worcester, '83, and Drs. Richard C. Cabot, '92, Elliott P. Joslin, '95, and Malcolm Storer, '89, together with the writer, who was then Secretary of the Association. In June an appeal was issued to the entire Alumni body and a second in October, shortly after the dedication of the new School; 325 subscriptions were received, netting the collection of \$2481. A note in the BULLETIN of this period states: "that of this sum \$1200 has been paid to Harvard University to be used by the Faculty of the Medical School as may seem best; \* \* \* at the same time there was paid to the University the sum of \$2300, the proceeds of a former appeal, to be known as the Medical Alumni Fund which shall be allowed to increase for the present and to be used at some future time for the good of the School as the Council of the Alumni shall direct." It thus appears that this was the actual establishment on the books of the Treasurer of Harvard College of the Harvard Medical Alumni Fund, a confirmation of which shows a first entry in the year 1906-07 of a capital sum of \$2430, with income of \$79. It will thus be seen that the exact source of this fund is not wholly clear, but it is the writer's opinion that probably the old life-membership fund which had been slowly accumulating was the nucleus to which were added the proceeds of one or more other appeals.

In the BULLETIN of July, 1908, in the course of a report by the Committee, to whose number Dr. Samuel B. Woodward, '78 had been added, it is stated that: "The end of the third year of the Harvard Medical Alumni Fund seems a fitting moment to review what has been accomplished by means of the Fund and to consider what are the prospects of its being maintained \* \* \*. In 1906 the subscription amounted to \$2931. \* \* \* in 1907 it was \$1993 and in 1908 it was \$2063. \* \* \* For the last two years we have given the School \$1500 annually for immediate use, with a varying amount to be added to the Permanent Medical Alumni Fund, which now amounts to \$4165. This Permanent Fund is to accumulate for the present and its ultimate use will hereafter be decided upon."

This is not the place to describe the manner in which current funds of the Association were used for the benefit of the School, though it may be noted that for a number of years the Alumni Assistants in the various major departments of the School whose salaries were entirely paid by the Association contributed important influence in increasing and improving the section teaching of students. Subsequently, with the ebb and flow of financial support from the Alumni this project had to be given up and others were sporadically substituted such as the contribution of money to help needy students pay their rentals in the new dormitory, to provide medical care at a time before the students were assessed a sum for this purpose by the University, and to buy books for the library. Long before this time the requirement of annual dues of \$1 for membership in the Association had been given up and a policy adopted that all graduates of the School should ipso facto be members of the Association and not subject to stated admission fees or dues. An all too scanty financial support derived from voluntary contributions in response to an annual appeal has of late years been the sole income of the Association.



Apparently lack of interest or of funds, or both, caused suspension of regular publications other than Triennial Catalogues, containing the names and addresses of all the graduates together with a regional classification, which continued to be issued at three-year intervals up to October, 1915, when occurs a lengthy hiatus in publications of any sort. Another important project in the development of the School,—the campaign to raise money for a dormitory,—then caused a revival of activity on the part of the Officers and friends of the Alumni. In June, 1922 Dr. Elliott P. Joslin, '95 was elected President, and he, with the enthusiastic help of the Secretary, Dr. Francis M. Rackemann, '12 began to organize a campaign to raise funds. Of course, the idea of a dormitory had long been active in the minds of well-wishers of the School, being included in the ambitious plans of Dr. J. Collins Warren and doubtless having been the subject of discussion by his predecessors. During Dr. Joslin's administration the plans came to fruition and the dormitory was occupied in 1927. The new series of the BULLETIN established in March, 1927 while Dr. P. E. Truesdale, '98 and Dr. Joseph Garland, '19 were respectively President and Secretary, makes no mention of the permanent fund in its issues up to April, 1929, but the lack of financial support for the current projects of the Association is evident from the gradual reduction in the number of Alumni Assistants who could be supported.

Apparently the first concrete accomplishment of the suggestion of class funds made so many years ago must be credited to the Class of 1904. In April, 1929 the BULLETIN contains an unsigned editorial which stated that: "The Class of 1904 will celebrate on June tenth next its 25th anniversary \* \* \* we have already raised a certain amount of money \* \* \* and we intend to give it to the School as the nucleus of an Alumni Fund. This Class of 1904 is the first to have made a gift to the School on its 25th anniversary. It is

hoped that other classes will likewise be inspired so that there eventually will be an Alumni Fund of large and ever increasing size". These words would seem to indicate that the existence of the already existing Fund was not known. Subsequently, in June, 1929, a letter from Dr. J. D. Barney, '04 to the Dean of the School states: "Ten years ago we formulated plans to raise a sum of money to be given to the School on our 25th anniversary. We enclose a check for \$7,000, the nucleus of a Medical Alumni Fund to be added to, we hope, on the occasion of the anniversary. The principal is to be kept forever intact". This generous and loyal support of the School by the Class of 1904 has been by far the largest single contribution made to the School by any organized class.

From this date the issues of the BULLETIN have continued with fair regularity so that it can apparently be said with accuracy that no further additions were made to the Fund. In the BULLETIN for April 1934 it is stated: "Just now there seems to be some enthusiasm for the donation of gifts from the Classes to the Medical Alumni Fund amounting now to about \$28,000 and controlled entirely by the Association. At present the plan is to keep this intact with additions until it amounts to \$100,000 and then it may be used for the endowment of a Professorship." In the next BULLETIN of June, 1934 Dean Edsall suggested that the Fund—originally planned to reach \$100,000 for the endowment of a Chair—might be used to endow an Alumni Fellowship, or for the support of the Library, but the Council of the Association voted to make no change for the present in the allocation of the Fund. At the Annual Meeting in June, 1934 a report was made from the Class of 1904 on its 30th Reunion which showed that its Class Fund was rapidly approaching the \$10,000 mark. It was decided at this time to re-allocate the income of the Fund and help pay expenses of needy students in the dormitory.

From the above somewhat confused, and necessarily confusing account of the

efforts of the Harvard Medical Alumni Association to help the School in a financial way, it will be seen that the Association has created and nurtured a Fund of very respectable size, amounting at the present time to a capital sum of \$32,033, affording an estimated annual income of \$1601. The splendid contribution from the Class of 1904 above mentioned now approaching the \$10,000 mark is entirely distinct and its destinies are wholly directed by that Class. The example of this Class has proved contagious, for similar though smaller gifts on their 25th anniversaries have been contributed by the Classes of 1908, 1909, 1910 and 1912, which it would appear have been consolidated into a Permanent Fund, the income of which is devoted to the purchase of books for the Library. The Harvard Medical Alumni

Fund proper, in the custody of the Corporation, is evidently entirely at the disposal of the Association acting through its Executive Officers and may be used for any purpose designated by them.

The Harvard Medical Alumni Association is now nearly 50 years old. The benefits, considerable though they have been, which it has conferred on the Medical School cannot be measured in concrete terms. Probably its greatest contribution has been the stimulation and maintaining of interest among the Alumni at large,—an interest which has a very real though imponderable influence on the welfare of their Alma Mater. Sometime in the future the permanent fund which we have created and nurtured will enable us to help the School further in some practical and essential project.

## Massachusetts Internships

*Reginald Fitz, '09.*

A year ago the Council on Hospitals and Medical Education of the American Medical Association inspected the hospitals in Massachusetts approved for Intern Training. The data from this inspection are of considerable interest.

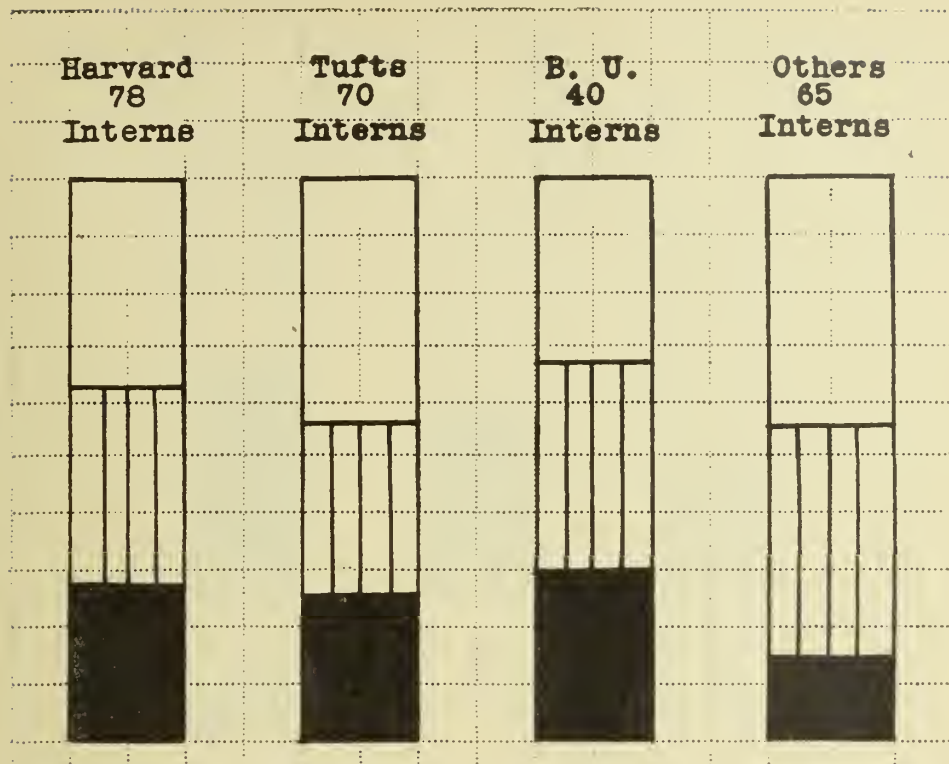
At the outset it is universally agreed that the internship is a vitally important part of a doctor's training. In a sense, all hospitals offering approved internships are seriously committed to a recognized function in modern American post-graduate education. Almost all medical students now obtain some sort of a hospital position. Thus the intern problem is a very significant one to study.

There are in Massachusetts at present, 37 hospitals approved for intern training and these now offer 255 available positions each year. In the early months of 1937, at the time of the inspection, the occupants of these positions came from 32 American medical schools, and there were nine in-

terns who had been educated abroad. Harvard, Tufts, and Boston University supplied 187 interns, McGill 10, Georgetown University 9, the University of Michigan 7, and other schools between one and four interns apiece. These figures are quoted to emphasize the fact that the Massachusetts internships are of considerably more than local importance.

Scholastically speaking—if academic rank in the medical school means anything—the Massachusetts interns last year were, on the whole, of at least average intellectual timber.

These figures are essentially the same as in 1934<sup>1</sup> when comparable figures were assembled. It still is true that fairly promising students occupy the majority of our internships; it appears a little easier for a poor student from a Massachusetts School to obtain a Massachusetts internship than for a poor outsider—which after all is only fair and reasonable.



The academic rank of Massachusetts Interns. The plain column is proportion of interns in the first third of their class; the solid column is lowest third; and the broken column is middle third.

There are a variety of ways of classifying internships. The simplest way is to divide the internships into those which offer "mixed or rotating services" and those which offer "straight" services. The latter aims to train men solely in medicine, surgery, or some other special branch.

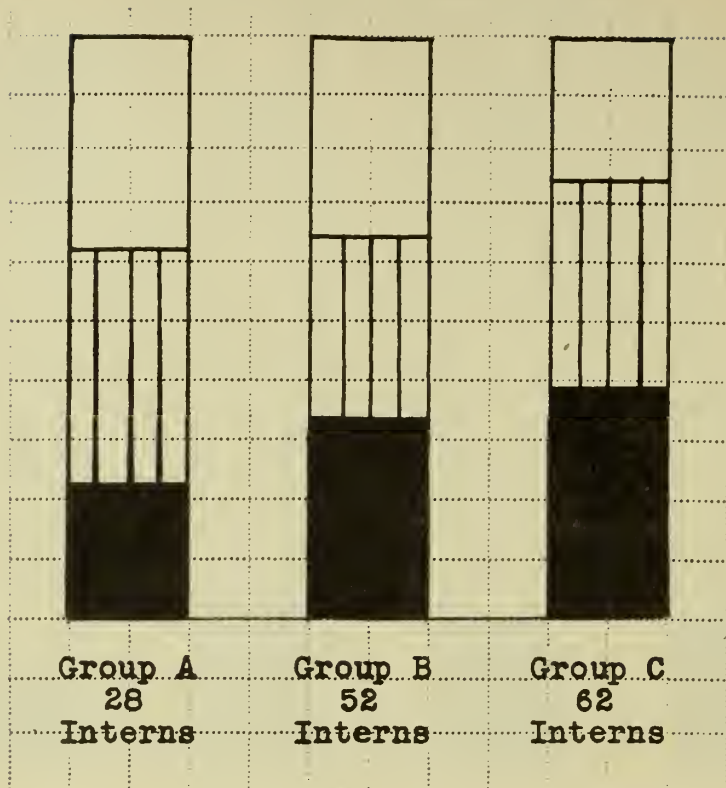
There are data available from 30 hospitals in Massachusetts approved for intern training which offer "rotating" or "mixed" services. An attempt has been made arbitrarily to classify these hospitals in an effort to set up some sort of a standard by which to measure the educational usefulness of the service offered. Admittedly this is difficult and by necessity artificial.

One possible standard to use is the number of autopsies performed each year by the various hospitals. This standard is not unreasonable for, in general, the edu-

cational value of clinical-pathological correlation is accepted; those hospitals which pay strictest attention to pathology are, on the whole, from the intern viewpoint, likely to be the most alert educationally.

The various hospitals offering "rotating" or "mixed" services have been separated into Groups A, B, and C. Group A includes two hospitals each of which performed in 1936 more than 100 autopsies; Group B includes 11 hospitals each of which performed between 51 and 100 autopsies in that year; and Group C includes 17 hospitals each of which performed between 16 and 50 autopsies in that year. It is interesting to discover the type of intern—again on the basis of scholastic record—occupying internships in these three groups of hospitals.

Apparently the most discerning students



Interns in Group A, B, and C Hospitals.

who wish rotating service in Massachusetts aim for the Group A and B hospitals and avoid Group C hospitals which would seem to offer the feeblest training. Unfortunately, however, the Group C hospitals are the most numerous and train a large number of interns.

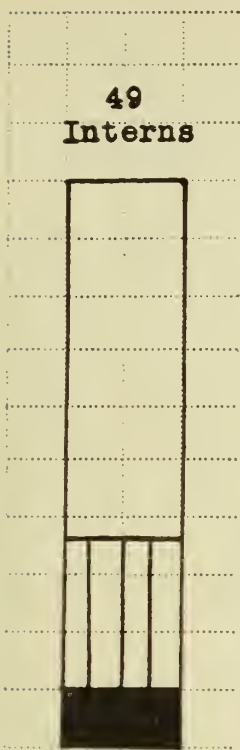
It is not the purpose of this discussion to comment on internships and the arguments for or against "mixed" or "straight" internships. In passing, however, it may be worth mentioning that the chief objection to the ordinary "rotating" appointment in Massachusetts is its speed. Twenty-one of the 30 hospitals studied offer rotating internships of only a year's duration; the intern, one suspects, rotates from medicine, to surgery, to obstetrics so rapidly that he has time to gather no more than a smattering of knowledge in any branch of the clinical field. Such knowledge as he may acquire, too, may be false, gained from superficial work, and must be unlearned

later. In my opinion the most outstanding "rotating" services in Massachusetts are those offered in exceptional hospitals where the intern spends two years in training. In such, no doubt, an intern may get an excellent general training. Other hospitals offering "rotating" internship would do well to lengthen the period of internship and, incidentally, to have more interns. In many institutions a high calibre of work from the intern is impossible because the amount of work expected is vast and the number of interns to do the work is small.

The Boston City Hospital, the Carney Hospital, the Beth Israel Hospital, the Peter Bent Brigham Hospital, and the Massachusetts General Hospital offer "straight" services in various fields. These hospitals, with the exception of the Carney Hospital, are intimately associated with the clinical teaching of the Harvard Medical School.

It is interesting to classify the type of in-





Interns in Medicine and Surgery in Boston  
"teaching" hospitals.

tern who gets appointments in medicine or surgery in those hospitals intimately associated with the Harvard Medical School. The list of interns from which the table is constructed is not complete but is sufficiently comprehensive to show the trend of the findings. The resultant picture is almost identical with that obtained in 1934.

The Boston internships for some time have been recognized as being choice plums and only men of very promising ability, on the whole, get them. At the recent combined examinations for Beth Israel Hospital, Peter Bent Brigham—Children's Hospital, Boston City Hospital, and Massachusetts General Hospital appointments, 317 "Preference Sheets" were filed; 100 men competed for 47 medical positions, 114 for 33 surgical positions, and 103 for mixed appointments of one sort or another. From such a large field of applicants it is no won-

der that a higher type of intern, on the whole, can be selected by the "teaching hospital" than by the smaller hospitals where the number of applicants is much less.

The influence of the newly established Specialty Boards already has made itself felt in American medicine. There appears to be a surprising number of men who wish to be qualified as specialists in one or another field of endeavor. To do so they must complete an internship of not less than one year in an approved hospital; they must then have an active experience of not less than eighteen months in hospital clinics, dispensaries and diagnostic laboratories recognized as competent in the specialty selected; and finally, they must have a certain period of graduate training in anatomy, physiology, pathology, and the other basic medical sciences which are necessary to the proper understanding of their specialty. It will take close to five years after graduation before an individual can hope to be qualified as a specialist by most of the Specialty Boards now established, and of that time three years must be spent in study. How are opportunities for such post-graduate education to be found for candidates desiring them?

The matter of the Rotating Internship is interesting in this connection and raises a baffling problem. It is evident that the interns trained in the Teaching Hospitals of Boston under the "straight" service plan are receiving, from the viewpoint of special training in medicine or surgery, a more carefully planned and better internship than is offered by almost any of the other hospitals in the state. The men holding these positions, by and large, are the most promising scholars. A man trained for a year in a "B" or "C" hospital would, should he wish to specialize in medicine or surgery after his internship, find it extremely difficult to get any sort of an appointment to a Residency in medicine or surgery in a Boston Teaching Hospital, for he would be regarded as a poorer risk to the hospital than the promising man who

had been trained on the spot and whose abilities *now* were known.

The majority of interns selected each year in medicine and surgery are from among the most recent medical school graduates. Most of the Residencies in Massachusetts that are approved by the Boards in Medicine or Surgery are in the Boston Teaching Hospitals. Thus one faces the situation where the conscientious Massachusetts student, uncertain on graduation as to what he wishes to do, may find himself faced with well nigh unsurmountable obstacles to progress, locally, in medicine or surgery after having spent a year in an accredited internship. He can get neither a "straight" medical or surgical appointment on which to build nor can he obtain a Residency or Assistant Residency. This condition of affairs seems unfortunate.

I raise the question as to whether some plan can be worked out in the Boston hospitals whereby the distinctiveness of their internships can be emphasized more than they are at present.

I suggest that the internships in Medicine or Surgery in the Teaching Services of the hospitals connected with the Harvard Medical School be available only to men who already know that they wish to specialize in one or the other of these two broad fields. If a man is appointed to such an internship who already has had a year's internship in any approved hospital, he will count all the time spent in his Boston hospital experience as time spent in approved post-graduate instruction. On the other hand, if he comes to the hospital fresh from the School, after working in the hospital for a year he then can count all addi-

tional time spent in the hospital as time spent in approved post-graduate instruction in his special field.

This suggestion is not as bizarre as it seems on first sight, for the last few months of all our medical or surgical internships now afford responsibilities and opportunities that are at least equal to those offered in many approved residencies scattered over the country.

In studying the "Preference Sheet" one final question comes to mind. At present there is considerable difference in the length of the various appointments. If the plan that has been suggested were developed it would be desirable to have each internship be of at least 18 months' and possibly of 24 months' duration. This would allow the beginner to obtain between six months and a year's acceptable post-graduate hospital training after a year's approved internship; and there would be a corresponding increased length of accredited training to those men who received an appointment after already having served a year's internship in some other hospital. In brief this plan would stress the importance and the unique character of our present method of intern training in Boston without interfering with it in any way, might attract to our hospitals an even stronger group of men than now come here, and finally, by making more opportunities available, would help to contribute in a significant manner to the demand for special training in medicine and surgery which appears to be developing so rapidly all over the country in connection with the establishment of these two Specialty Boards.

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Presented at a Harvard Medical School Colloquium, February 10, 1938.

**MASSACHUSETTS GENERAL HOSPITAL****SURGICAL**

2 men each—25 months' service

July 1, 1938 to Aug. 1, 1940

Oct. 1, 1938 to Nov. 1, 1940

Jan. 1, 1939 to Feb. 1, 1941

Apr. 1, 1939 to May 1, 1941

**SURGICAL**

5 men each—24½ months' service

July, 1938 to July, 1940

Nov., 1938 to Nov., 1940

Mar., 1939 to Mar., 1941

**GYNECOLOGICAL AND OBSTETRICAL**

1 man each—24½ months' service

July, 1938 to July, 1940

Oct., 1938 to Oct., 1940

Jan., 1939 to Jan., 1941

Apr., 1939 to Apr., 1941

**OPHTHALMIC AND AURAL**

1 man each—21½ months' service

Feb., 1938 to Nov., 1939

May, 1938 to Feb., 1940

Aug., 1938 to May, 1940

Nov., 1938 to Aug., 1940

**NEUROLOGICAL—NEUROSURGICAL**

6 men—12 months' service

July, 1938 to July, 1939

(Occasionally adjustments can be made  
in the date of coming on service)**BOSTON CITY HOSPITAL****MEDICAL**

1 man—19 months' service

April 1, 1938 to Nov. 1, 1939

2 men each—19 months' service

July 1, 1938 to Feb. 1, 1940

Oct. 1, 1938 to May 1, 1940

Jan. 1, 1939 to Aug. 1, 1940

Apr. 1, 1939 to Nov. 1, 1940

**MEDICAL**

5 men—18½ months' service

July, 1938 to Jan., 1940

Oct., 1938 to Apr., 1940

Jan., 1939 to July, 1940

Apr., 1939 to Oct., 1940

**PEDIATRIC**

1 man each—14 months' service

Feb., 1938 to Apr., 1939

Apr., 1938 to June, 1939

June, 1938 to Aug., 1939

Aug., 1938 to Oct., 1939

Oct., 1938 to Dec., 1939

Dec., 1938 to Feb., 1940

Feb., 1939 to Apr., 1940

**ROENTGENOLOGICAL**

1 man each—24 months' service

July, 1938 to July, 1940

Jan., 1939 to Jan., 1941

**ORAL SURGICAL**

1 man—12 months' service

July, 1938 to July, 1939

**PETER BENT BRIGHAM HOSPITAL****MEDICAL**

(including Psychiatry)

3 men each—20½ months' service

June 15, 1938 to Mar. 1, 1940

Oct. 15, 1938 to July, 1, 1940

Feb. 15, 1939 to Nov. 1, 1940

**PETER BENT BRIGHAM HOSPITAL — CHILDREN'S HOSPITAL****SURGICAL**

29 months' service—12 months Children's Hospital, 1 month vacation

16 months Peter Bent Brigham Hospital

1 man each

July 1, 1938 to Dec. 1, 1940

Sept. 1, 1938 to Feb. 1, 1941

Nov. 1, 1938 to Apr. 1, 1941

Jan. 1, 1939 to June 1, 1941

Mar. 1, 1939 to Aug. 1, 1941

May 1, 1939 to Oct. 1, 1941

**SURGICAL**

1 man each—24½ months' service

June 15, 1938 to July 1, 1940

Oct. 15, 1938 to Nov. 1, 1940

Feb. 15, 1939 to Mar. 1, 1941

**NOSE AND THROAT**

1 man—12 months' service

July 1, 1938 to July 1, 1939

**MEDICAL**

1 man each—15½ months' service

July 1, 1938 to Oct. 15, 1939

Oct. 1, 1938 to Jan. 15, 1940

Jan. 1, 1939 to Apr. 15, 1940

Apr. 1, 1939 to July 15, 1940

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## EDITORIAL

**Aid to Students.** Dean Burwell presented some interesting facts at the February meeting of the Council of this Association regarding the financial status of medical students. An expensive brand of education is being provided at the Harvard Medical School. Since many of the students are poor and their financial burdens great, the efforts to alleviate this burden are an important aspect of the administration of the school. There is a grave relationship between the academic work of the student and his financial burden. Students must have the leisure requisite to study and thought in order to receive the type of medical education which is most desirable. Some startling examples could be given of students who have outside jobs which encroach seriously both on hours for study and for sleep.

An editorial in the BULLETIN for April, 1937 reported in detail the sources of financial aid to students. Through the

Student Employment Bureau 197 men received help through various jobs last year. The total amount earned was about \$80,000. As donors of blood, students received about \$10,000. With scholarship funds the total amount of money received by students last year was about \$120,000, or about \$600 for each man. These are recorded figures. The actual amount of money earned is undoubtedly greater owing to the fact that some students have obtained work on their own initiative outside the knowledge of the administrative department. Most of the calls for donors come through the school and the students are quite strictly limited to giving blood not oftener than every three months. They receive opportunities, however, through the hospitals in which they work and many of these transfusions are unrecorded in the office of the Dean. There is, nevertheless, a fairly good check upon the number of transfusions given, but there appears to be no adequate means of controlling the amount of extra-curricular work, which is a much more important source of income to the students.

This year, for the first time, three Harvard Medical School National Scholarships have been awarded to medical students. These scholarships, made possible by the generosity of Mr. Edward S. Harkness and Dr. Daniel Fiske Jones, are unique in the sense that they are not applied for, but are awarded on merit. The stipend is graded according to the need of the student, ranging from a minimum of \$100 to a maximum of \$1,200. Remunerative work is not permitted during the tenure of a National Scholarship.

The Student's Loan Fund assists students to cope with financial crises and to meet term bills on time. A maximum of \$1,000 is loaned to any one man. Loans are payable two years after graduation, although seven years is the average duration. Last year \$13,000 was loaned to students. The Student's Loan Fund should probably not be enlarged, although



it serves a valuable purpose. The burden of a loan will limit post-graduate study and in other ways interfere with professional advancement.

These are the important methods of assisting the students financially. They are not ideal, but indicate an active interest in the welfare of the student. Alumni and other interested persons have been largely responsible for the fact that the students receive what help there is. The article in this issue by David Cheever on the Harvard Medical Alumni Fund illustrates the type of assistance which the Alumni Association has given in the past. The building up of Class Funds and donating them to National Scholarships or to scholarships of a similar nature would be extremely valuable. It would be ideal to eliminate the necessity for students doing work outside of the school curriculum and of giving more than a certain small minimum of transfusions. Intangible harm may be done to a man's basic medical training which will have an important influence upon his career if he is allowed to waste many hours doing purposeless work. On the other hand, too much paternalism may make psychological errors. The Medical School is well aware of this. The path to a medical education may be made to appear too easy, or the student may be placed under the onus of trying to satisfy the confidence which has been placed in him. The subject has interrelationship with the whole field of education in a broad sense.

CLARK W. HEATH, '26.

#### ALUMNI DINNER IN SAN FRANCISCO

The Association is sponsoring a dinner for alumni during the annual meeting of the American Medical Association at San Francisco in June. Dr. William J. Kerr, '14, is chairman of the Committee on Arrangements. Some prominent speakers will be present. Dr. Kerr promises a celebration "in the true Western fashion, beginning with the dinner at seven and followed by amusement in the pioneer and modern versions."

The dinner will be held in the Gold Ball Room of the Palace Hotel on Wednesday, June 15 at 7.00 P. M. The price of the dinner will be \$3.00. It will be helpful if those who plan to attend would make reservations in advance. These may be made with Dr. William J. Kerr, University of California Hospital, San Francisco, Calif., or the Harvard Medical Alumni Association, 25 Shattuck St., Boston.

## MEDICAL SEMINAR

### ASSOCIATED HARVARD CLUBS

The Medical School Seminar at the 41st Annual Meeting of the Associated Harvard Clubs to be held at the Palmer House, Chicago, Illinois, on May 20, 21 and 22 next, promises to be an outstanding feature of the meeting. It will mark Dr. Burwell's first visit to Chicago in his official capacity as dean.

The program is as follows:

The Harvard Medical School in 1938:

Dr. C. Sidney Burwell, Dean and Research Professor of Clinical Medicine. (20 mins.)

Trends in Pre-clinical Teaching:

Dr. A. Baird Hastings, Hamilton Kuhn Professor of Biological Chemistry. (15 mins.)

The Tutorial System in the Harvard Medical School:

Dr. Walter Bauer, Associate Professor and Tutor in Medicine. (15 mins.)

The Surgical Curriculum of Today:

Dr. Elliott C. Cutler, Moseley Professor of Surgery. (20 mins.)

Discussion:

Dr. Joseph T. Wearn, Professor and Head of the Dept. of Medicine, Western Reserve University, Cleveland.

The Seminar will begin about 2.30 P. M. on Saturday, May 21, immediately following a joint luncheon of all the schools beginning at 12.30 P. M., during which Frederick Roy Martin and William Allen White will speak briefly.

All graduates of the University who are interested in the Medical School program are invited to attend and bring with them any guests interested in medical education.

## ANNUAL MEETING

The luncheon and annual meeting of the Harvard Medical Alumni Association will be held at the Hotel Bradford, Boston, at 12.30, on Tuesday, May 31, 1938. The meeting preceeding the luncheon will be brief. Dean Burwell will speak for a few minutes and three new councillors will be elected. The charge for the luncheon will be \$1.00. Tickets will be on sale at the registration desk.

The meeting is in conjunction with the annual meeting of the Massachusetts Medical Society which opens at the Bradford on the same date.

## NECROLOGY

'73—GEORGE WILMOT CLEMENT died at Pelham, N. H., November 28, 1937.

'74-75—HENRY WILLIAM RANKIN died at East Northfield, Mass., July 15, 1937.

'85—FRED MESSENGER LOWE died at Newton, Mass., February 28, 1938.

'91—SIDNEY AVERY CLARK died at Northampton, Mass., January 14, 1938.

'93-94—LOUIS ALEXANDER DEWING died at Cambridge, Mass., February 21, 1938.

'94—TIMOTHY JOSEPH REARDON died at Boston, Mass., February 17, 1938.

'96—JOHN WESLEY SANBORN died at Newton Center, Mass., December 5, 1937.

'98—EDWARD TUCK MANIX died at Lynn, Mass., January 19, 1938.

'99—HERBERT CRAWFORD PERKINS died at Boston, Mass., January 29, 1938.

'00—HENRY LINDSAY SANFORD died at Cleveland, O., February 5, 1938.

'00—FREDERICK WINSLOW died at Boston, Mass., November 25, 1937.

'04—FREDERIC WADE HITCHINGS died at Cleveland, Ohio, November 12, 1937.

'07—CHARLES DAY died at Boston, Mass., February 23, 1938.

'23—ABNER WELLBORN CALHOUN died November 3, 1937.

'26—MALCOLM MORRIS RESTALL died at Marblehead, Mass., January 25, 1938.

## ALUMNI NOTES

'78—James J. Minot has been elected honorary president of the Boston Tuberculosis Association. In 1903 he founded the Boston Association for the Relief and Control of Tuberculosis, which afterwards became the Boston Tubercu-

losis Association, and since 1919 he has served as vice-president of the latter organization.

'87—Stephen H. Blodgett was married on January 3, 1938 to Miss Elizabeth M. Derby.

'89—In honor of the late Nathaniel S. Hunting of Quincy, Mass., the Adams-Shore public school in that city was re-dedicated on February 18, as the Nathaniel S. Hunting School. Hunting was for 36 years a member of the Quincy School Committee.

Ex-'93—Orman B. Humphrey has spent much time during the past three years in southern Arizona and Mexico with headquarters in Tucson.

'95—Joseph A. Copps has been elected president of the Institute of Medicine of Chicago.

'00—Walter B. Cannon has been elected foreign honorary member of the Royal Academy of Medicine of Belgium.

'04—J. Dellinger Barney resigned on February 1 as assistant professor of genito-urinary surgery at the Harvard Medical School. He has been on the staff of the School since 1907, when he was appointed an assistant in anatomy. From 1911 to 1920 he served as assistant in genito-urinary surgery and in 1920 was made an instructor. He has been an assistant professor since 1924.

'04—Fred F. Dexter reports that he has retired from his specialty of gastro-interology because of ill health. He says he is leading a lazy life and spending his winters in Florida.

'07—Harold G. Giddings' son, W. Philip Giddings, '38, grandson of W. P. Giddings, '71, has been appointed surgical house officer at the Massachusetts General Hospital.

'09—Donald Macomber has formed a medical partnership with G. Douglas Krumbhaar, '32.

'10—Alex M. Burgess was elected president of the Providence Medical Association for 1938. He succeeded Peter P. Chase, '10. Herman A. Lawson, '24 was reelected secretary.

'10—Walter W. Palmer was made director of the Neurological Institute, New York City, January 1, 1938. This is in addition to his duties as executive officer of the department of medicine in Columbia University and director of medical service at the Presbyterian Hospital with the expectation that the activities of the Institute will be brought into closer relation with those of medicine.

'11—Prescott T. Hill has been elected president of the Staff Association of the Charles V. Chapin Hospital, Providence, R. I.

'12—A. William Reggio, instructor in surgery at the Harvard Medical School, is chairman for Massachusetts of the New England Regional Fracture Committee of the American College of Surgeons and chairman of the Highway First Aid of the Boston Metropolitan Chapter of the American Red Cross.

'13—John Favill has been promoted to the grade of Colonel, Medical Corps Reserve, U. S. Army.



